

For over eleven years, the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities has served in an advisory capacity to the Governor and General Assembly. Last year's Annual Report highlighted the Commission's Short Term Initiatives (1-3 years) and Long Term Initiatives (5-10 years). For FY 2012, the annual report will chart the progress toward the Commission's short and long and short-term goals.

The following summarizes progress made towards long-term initiatives:

- Create a seamless system of services that provide behavior supports personnel allowing people to be assisted in their own homes.

Status Update: One priority of the DBHDID is continuity of care. DDID has assigned field staff to each state Intermediate Care Facility (ICF) and psychiatric hospital to provide technical assistance and to promote networking among the entities for successful transition to community based supports. Moreover, within the amended SCL waiver changes is an exceptional supports protocol which will grant funding or unit increases for the support of persons assessed to require high intensity medical, psychiatric or behavior supports to sustain community participation;

- Community education and outreach must be a combined effort to create an awareness of need and available services.

Status Update: HB 144 Community Integration Committee will host public forums across the Commonwealth. The forums are open to individuals, advocates and family members who desire to contribute and/or comment on any/all aspect of I/DD services/supports delivery;

- Promote inclusion of citizens with disabilities to increase natural supports in the community and in the workplace.

Status Update: DDID continues to support SCL and Michele P. waiver services that offer more access to community resources, events and organizations by encouraging person centered supports and offering training and education to individuals who provide unpaid support, training, companionship and/or supervision for individuals with I/DD in the community;

- Evaluate Quality Improvement Organization (QIO) to assist in quality improvement within system of care.

Status Update: The newly approved SCL and MP waivers provide the transition of medical necessity review, plan of care, and prior authorization of services from DMS to DDID. Quality Improvement is an emphasis of the Centers for Medicaid Services (CMS) and DDID; Quality Indicators are being developed for each service. Providers are to evaluate the quality of service provided to each individual served. Each individual's quality indicators are to be used during the person centered plan of care meeting as part of the information to guide the planning process. The indicators will also be reviewed by SCL field staff and used for technical assistance. The indicators will also be aggregated across providers to evaluate quality.

Continue the development of supported education, supported employment and supported self-employment strategies.

Status Update: DDID continues to develop an action plan to promote the expansion of customized and/or self-employment for individuals in the SCL and MP waivers that include the following elements----

- Continue to expand the capacity of Kentucky's supported employment system for people with DDID with well-prepared providers who are committed to supplying high quality supports;
- Reduce jobseeker's and family member's fears about joining the workforce through education and open forums;
- Motivate employers to hire jobseekers with I/DD; and
- Improve coordination and implementation of policies as they relate to jobseekers with disabilities throughout the Commonwealth.

- People with disabilities and their families will have access to services and supports that meet their needs and expectation.

Status Update: The renewal of the Michele P. Waiver and the approved the SCL amended waiver will improve access to services that meet the needs and expectations of people with disabilities and their families through-----

- Provide training and information to providers to prevent crisis:
 - In addition to DDID informational brochures, discussions and presentations, each Community Mental Health Center (CMHC) provides outreach to inform the public of available supports including DD crisis services.
 - DDID conducts quarterly train the trainer opportunities for crisis prevention and intervention. This training is also conducted at the request of field staff or providers.
 - Technical assistance is provided by the DDID trainers as requested to staff, providers, individuals, families and guardians.
 - During July 2011, DDID sponsored five sessions of Person Centered Thinking training throughout the state. The foundation of this training and tools received are being integrated into existing training sessions and are the cornerstone of revised training for case management staff and their supervisors;
- Develop, increase, and improve access to services and supports: DDID is focusing on continuity of care in an effort to improve both access to and quality of supports:
- The primary focus for public intermediate care facilities will shift to expand networks providing continuum of health care within the individual's community:
 - Each of the state intermediate care facilities (ICF) continues to expand collaboration with community providers to expand the resources and support options available in the community.
 - Individuals continue to transition into community waiver homes or home with their family with the supports provided through the Money Follows

the Person initiative and the Supports for Community Living Waiver program.

- As individuals transition out of the state ICF's are developing capacity to provide short term crisis stabilization and temporary respite services.
- Each of the state ICF's began accepting short term admissions for intensive assessment, stabilization and treatment focused on the individual's return to their community home.
- DBHDID partnered with the Department for Medicaid Services to submit an amendment to the Medicaid State Plan (SPA) requesting the Center for Medicare and Medicaid approval for Medicaid coverage of specialty medical, dental and therapeutic services for individuals with intellectual and developmental disabilities residing in the community.
- Upon receipt of CMS approval of the SPA, Medicaid regulations will be drafted for the coverage of these services at Specialty Intermediate Care Clinics located on the grounds of each of the state ICF's.
- The Department is still awaiting CMS approval. The ICF/MR's continue to provide outpatient services (medical/dental) to some of those that transitioned out of the facility (those that have requested those service) during the first year of transition and some for a longer period than this.

Along with Commission members and the three subcommittees (Participant Directed Supports, Community Integration, and Nutrition and Wellness), DBHDID will work towards accomplishing the following long term initiatives in the next five to ten years:

- Develop a service system projection to include the number of individuals who will need services and the provider base required to meet the demand;
- Advocate for adequate funding for a system of services and supports throughout the individual's lifespan;
- Identify improvements to current system and project future needs of the infrastructure;
- The Commission will continue to collaborate and support the Department of Public Health's (DPH) efforts to prevent intellectual and developmental disabilities.
- Develop provider reimbursement based on the prevailing cost of service;
- Promote an increase in allocated dollars to human services programs to yield economic development on a local level;
- Engage legislators in the Commissions' subcommittee work;
- The Commission shall partner with DBHDID when necessary to focus on specific issues;
- The Commission will hold the Subcommittees and the DBHDID accountable for development of legislation and policies to improve services for individuals and;
- Subcommittees were created in 2012 to represent the National Core Indicators. The subcommittees (Participant Directed Supports, Community Integration, and Nutrition and Wellness) also represent the areas of concentration needed in Kentucky in order to be a facilitator of change.
- The DBHDID will engage the Departments of Education and Transportation to develop partnerships for system improvement and to bring in more federal match programs.

The following is a progress list of some Short Term initiatives:

- Utilize the Supports Intensity Scale (SIS) as the method to evaluate needs of the individual as well as to develop individualized budget for supports based on assessed needs.

Status Update: Implementation of the Supports Intensity Scale (SIS) started July 2011. Participants are assessed based on birth month;

- As of August 30, 2012 the SIS Team has completed 2801 Support Intensity Scale evaluations. Analysis of the data collected indicates that results are similar to like populations across the United States.

- Streamline and reduce administrative burden.

Status Update: The Department for Behavioral Health Developmental and Intellectual Disability (DBHDID) has worked with The Department for Medicaid Services (DMS) to make some recent improvements to the SCL and MP waivers including a lengthened certification review period option, a streamlined medication error reporting process and consistency in service options in the two waivers. DBHDID continues to collaborate with (DMS) and the Department for Aging and Independent Living (DAIL) to promote consistency in the waivers and a system that is easier to navigate;

- Commission members will actively engage in the development of the SCL waiver re-write.

Status Update: Commission members participated in statewide forums hosted by the Kentucky Council on Developmental Disabilities (KCDD). They also gave the Department for Behavioral Health Developmental and Intellectual Disabilities (DBHDID) and Department for Medicaid Services (DMS) input regarding proposed changes to the SCL waiver at each of their four commission meetings;

- The Commission members viewed the waiver application prior to submission to CMS.
- The Commission members reviewed and voiced all comments regarding the regulation and policies manual before it was sent to the cabinet.
- The HB 144 Commission members reviewed the proposed regulations prior to sending to LRC They also attached written comments regarding the regulations.

- Evaluate the value and impact of independent case management.

Status Update: Conflict Free Case Management was approved by the Centers for Medicaid Services (CMS) in the SCL and Michele P. waiver has been included in SCL regulation submission to LRC. The value and impact will be measured in the coming years through National Core Indicator Surveys as well as program outcomes and reviews;

- Determine the relationship between case management and support brokerage for I/DD supports.

Status Update: The amended SCL and Michele P. waivers allow individuals to have a case manager as well as an optional Community Guide to assist with directing their

own services. Community Guide services do not duplicate Case Management services. The Community Guide service includes providing information to ensure the person understands the responsibilities involved with directing his or her services. Assistance provided the Community Guide depends on the needs of the person and may include assistance with accessing community resources, recruiting, hiring, training, managing, evaluating, and changing employees, scheduling and outlining the duties of employees, developing and managing the individual budget, understanding provider qualifications, record keeping, and other requirements.

- Establish mechanism to expand “Provider Profiles” to assist individuals and their families in making good choices about supports and services delivery.

Status Update: DDID is exploring avenues to expand current profiles and will bring ideas and seek input.

- Develop and implement a central point of contact both statewide and regional to be a source of information and referral.

Status Update: Medicaid is working to transition responsibility for the Michele P. waiver and participant direction to DDID which will make navigating the DD service system less complicated for participants.

- Explore customized/self-employment options that will lead to a career path.

Status Update: DDID staff members have implemented an action plan to increase employment for individuals receiving waiver support which involves collaboration with the Office of Vocational Rehabilitation (OVR) through a formal memorandum of understanding to improve the coordination and implementation of policies and processes for Supported Employment. As part of this process, Kentucky has an Alliance for Full Participation State Team in place comprised mainly of DDID staff, OVR staff, Commonwealth Council on Developmental Disabilities Staff, and waiver participants to promote customized employment options for participants of Supports for Community Living and Michele P waivers; and help move Kentucky toward Employment First status. The goal for this team for the coming year is to bring representatives of the One-Stop system, Workforce Investment Act, and Department of Education to the table in order to further establish common operating procedures. During fiscal 2012, three DDID staff members were trained to conduct benefits analyses through the Kentucky Benefits Information Network and one staff member was certified as a Community Work Incentives Counselor through Social Security. As a result of that activity more than 500 agency staff members have received training regarding the Impact of Wages on Benefits and Patient Liability. Additional training opportunities are scheduled this fall for Louisville and Hazard. DDID staff members have taken an active role in APSE, the only organization actively pursuing the professional provision of Integrated Employment, by having representation on the Kentucky APSE Board of Directors and two National APSE operating committees. DDID staff members have conducted supported employment utilization reviews across the state and have provided information and technical assistance to promote a smooth transition to supported employment within the new waiver. During fiscal 2012 much of the activity was focused on addressing the supply of supported employment services. As we move into fiscal 2013 the focus will begin to shift to topics related to the demand for supported employment services. Some of these activities include the development of a participant-driven peer support network to counsel those participants considering employment as well as a participant orientation to employment to

complement the benefits training afforded provider staff members, and the development of an employer recruitment plan to be implemented through our more than 200 community waiver providers.

The following is a progress report of short term initiatives addressing Direct Support Professional (DSP) issues:

- Foster and develop peer mentoring and orientation and provide a realistic job preview.

Status Update: DDID is currently working with SPEAK on the development of a training program related to peer mentoring that will be offered regionally by the end of FY 2011-2012;

- An emphasis on DSP certification using all existing resources including Support Professional Employees Association of Kentucky (SPEAK).

Status Update: DBHDID and KCDD collaborated to contract with Support Professional Employees Association of Kentucky (SPEAK) to expand DSP membership and professional development statewide to give emphasis to DSP certification.

- Expansion of SPEAK for DSP recruiting/retention and mentoring Support policy changes that affect wage and benefits.
The 2011-2012 contract with SPEAK contained deliverables which were focused on the expansion of SPEAK membership across the state. Ultimately for the year the organization devoted attention to expanding membership in the LifeSkills and Adanta regions. Peer mentoring trainings were started but no follow-up has been conducted to determine if mentoring efforts have been sustained as trained. Very little interest has been demonstrated by providers in the Realistic Job Preview.

- Develop recruitment strategies for DSPs in agency and participant-directed situations.

Status Update: A voluntary credential program for DSPs is under development that incorporates standards and skills sets from agencies such as the College of Direct Support, U.S. Department of Labor Direct Service Worker Apprenticeship Program, American Network of Community Options (ANCOR) and National Alliance for Direct Support professionals (NADSP). A draft has been given to waiver providers with a final version to be available by the end of 2012;

- Develop a career path for DSPs that provide opportunities for advancement, recognition by peers and supervisors, supportive management and supervision, a statewide professional association/coalition that will improve status, image and ongoing professional development.

Status Update: A career path is under development that will allow DSPs various points of entry and the ability to capitalize on education, training, and experience (or a combination thereof) to achieve one or more credential levels. Ongoing collaboration between DBHDID, CCDD and SPEAK continues to focus on increased SPEAK membership, access to professional development, and recognition of the work of DSPs;

- Strengthen partnerships between health and human services agencies and the public workforce system to increase recruitment of DSPs.

Status Update: In progress, a credential pathway provides opportunities for collaboration with agencies such as the Kentucky Community and Technical College System (KCTCS) and the Kentucky Office of Career and Technical Education (also known as KY Tech) as avenues for recruitment;

- Adopt DSPs Core Competencies across sectors.

Status Update: DSP Core Competencies are under development as a part of the credentialing system, key competencies have been identified for evaluation of DSPs upon completion of Phase I and Phase II of College of Direct Support modules. To ensure DSPs' ability to apply key training objectives, specified timeframes have been established and;

- Define the term “workforce” as it relates to the field of I/DD

Status Update: DDID will seek input to define the term “workforce” as it relates to the field of I/DD.

- Increase access to high quality training and lifelong learning.

Status Update: The College of Direct Support (CDS) has been implemented statewide and is in use by all SCL waiver providers as well as by some participants and families. The expansion of the curriculum and the provision of required New Provider Orientation modules will also utilize CDS.

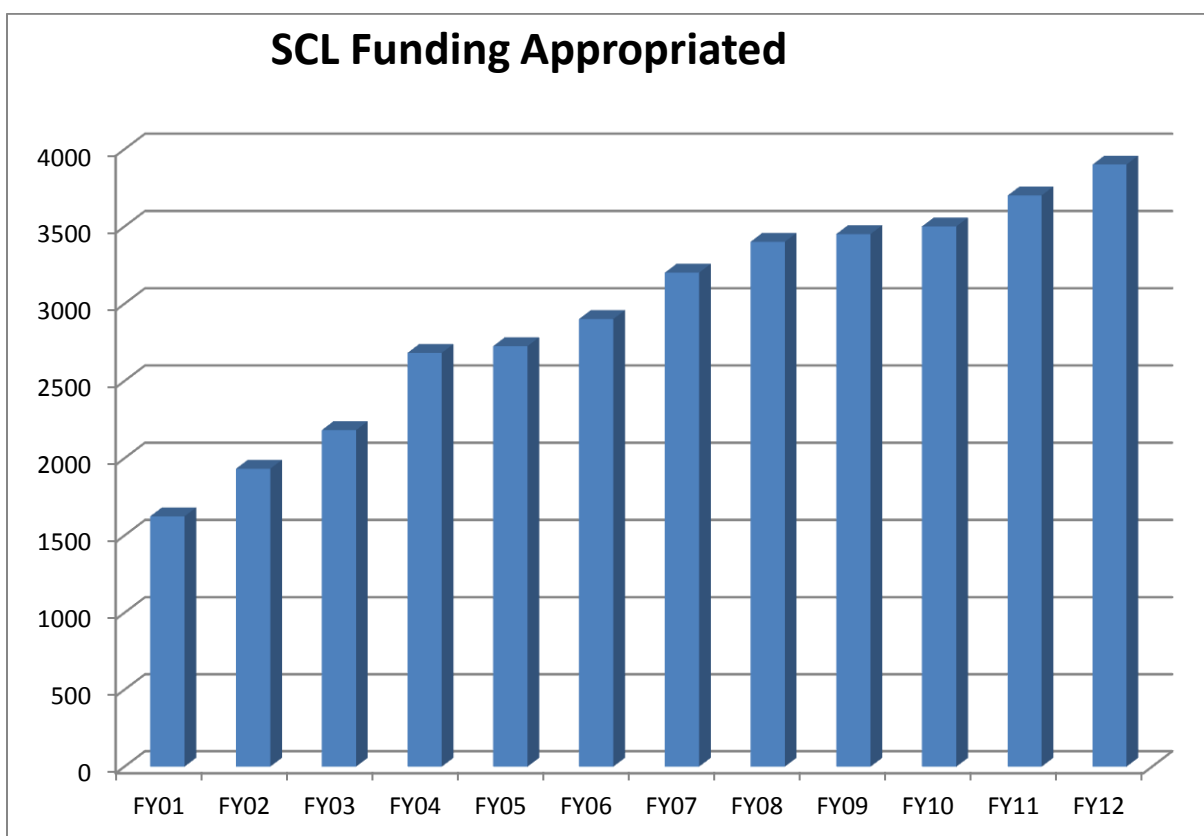
DDID will seek input from the Workforce Development Subcommittee regarding the following short term initiatives impacting DSPs:

- Develop and support a workforce for all aspects of the system of care in Kentucky;
- Improve partnerships with the community including universities and other entities that teach and provide services to families and individuals with intellectual disabilities;
- Hire staff across disciplines who meet core competencies in their applicable field;
- Develop cross-sector partnerships to create a unified and mutual understanding about the workforce;
- Explore a statewide wage and compensation package specifically for DSPs that are above “living wage” standards based on regional market and cost.
- Recognize the benefits of cultural diversity in the workplace and develop strategies for recruitment
- Support the implementation of national standards and credentialing programs in the areas of I/DD;
- The Commonwealth of Kentucky will participate in federal programs that offer incentives, reimbursements or other options that allow opportunities for improvement and status of DSPs;
- Support employers, families and individuals to find and keep good workers by offering recruitment, retention and training interventions, participating in federal programs that offer incentives, reimbursements or other options that allow opportunities for improvement and status of DSPs;

- Workforce Development is no longer a subcommittee of HB 144. The HB 144 members voted to create new committees based on the results and recommendations of the National Core Indicators quality committee and needs identified in KY. These committees are Participant Directed Supports and best Practices, Community Integration, and Health and Nutrition. Each of the committees will incorporate workforce issues as applicable.

The following is an update of the status of programs providing supports to individuals with intellectual and/or developmental disabilities through FY12.

➤ **SCL Funding Allocations and Waiting List**



Year	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12
Total Slots	1624	1932	2182	2682	2726	2901	3201	3401	3451	3501	3701	3901
New		250	250	500	0	75	100	200	50	50	200	200
Private ICF		58	0	0	44	0	0	0	0	0	0	0
ICFs		0	0	0	0	100	200	0	0	0	0	0

➤ **SCL Waiting List – as of July 1, 2012**

Region	# on List	Emergency	Urgent	Future/Planning
1	127	0	9	118
2	85	0	12	73
3	199	0	26	173
4	167	0	13	154
5	160	0	24	136
6	715	0	95	620
7	240	0	28	212
8	4	0	1	3
10	35	0	6	29
11	36	0	8	28
12	22	0	7	15
13	63	0	12	51
14	96	0	22	74
15	310	0	57	253
Total	2259	0	320	1939

➤ **Michelle P Member Report Summary as of July 1, 2012**

Members meeting Level of Care (LOC) without receiving services = 837

Members receiving 'Blended Services' (traditional and participant directed) = 1,197

Members receiving 'Traditional Services' = 2,431

Members receiving CDO (participant directed only) = 2,625

Total members 7,090

Members currently in MPW < 18 = 3,565

Members currently in MPW ≥ 18 = 3,054

Total members 7,090

Reporting Methodology:

LOC - Numbers reported represent members having an active level of care during FY2012.

Services - Numbers reported represent members having an active service plan during FY2012.

➤ **Acquired Brain Injury Waivers as of July 1, 2012 (all over age 18)**

ABI Rehab Waiver

Members meeting Level of Care (LOC) without receiving services = 14

Members receiving 'Blended Services' (traditional and participant directed) = 1

Members receiving 'Traditional Services' = 140

Members receiving CDO (participant directed only) = 13

Total members 168

ABI LTC Waiver

Members meeting Level of Care (LOC) without receiving services = 14

Members receiving 'Blended Services' (traditional and participant directed) = 13

Members receiving 'Traditional Services' = 153

Members receiving CDO (participant directed only) = 27

Total members 207

➤ **ICF Average Annual Census FY07 through FY12**

The number of people who reside in state Intermediate Care Facilities for individuals with Intellectual/Developmental Disabilities continues to decrease with the implementation of the Statewide Transition process.

Facility**	FY08	FY09	FY10	FY11	FY12
Oakwood	227	205	173	134	120
Hazelwood*	167	162	161	134	142
Central State ICF	32	34	32	28	24
Outwood	65	63	59	50	44

*Hazelwood Center census includes the three 8-bed ICF community homes each maintain full census of 8.

**As part of the Settlement Agreement with the US Department of Justice, each of the state-owned ICFs is in the process of transforming into Centers of Excellence. These Centers will serve as a resource to individuals, families, and community providers and provide specialized supports and services that are not accessible in the community.

➤ **Money Follows the Person/Kentucky Transition as of July 1, 2012**

	Elderly	Physically Disabled	ABI	DDID	Year Total	Cumulative Total
2008	1	3	1	0	5	5
2009	9	11	6	10	36	41
2010	20	19	23	54	116	157
2011						
Jan	2	2	0	4	8	165
Feb	2	2	1	4	9	174
Mar	5	2	3	3	13	187
Apr	4	3	2	9	18	205
May	6	2	2	3	13	218
June	6	2	0	5	13	231
July	2	7	2	7	18	249
Aug	3	5	4	7	19	268
2011 Totals	30	25	14	42	111	

Referrals received: Dec-Aug 2011 404
 Cumulative 1200

Ineligibles/Declined: Dec-Aug 2011 329
 Cumulative 712

CLOSING THOUGHTS

Serving in an advisory capacity to the Governor and the General Assembly regarding the needs of persons with Intellectual and Developmental Disabilities has been a privilege for the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities. Along with the Department for Behavior Health Developmental and Intellectual Disabilities, we look forward to meeting the objectives of the short and long-term initiatives. The Commission Members extend their gratitude to the Governor and the General Assembly for their continued support.